



**STATE OF TENNESSEE
ALCOHOLIC BEVERAGE COMMISSION**

Davy Crockett Tower
500 James Robertson Parkway, 3rd Floor
Nashville, TN 37243
615-741-1602

www.tn.gov/abc

4420 Whittle Springs Road
Knoxville, TN 37917
865-594-6342

One Commerce Square
40 South Main Street
4th Floor, Suite 415
Memphis TN 38103
901-543-7284

540 McCallie Avenue, Suite 341
Chattanooga, TN 37402-2055
423-634-6434



NON-RESIDENT LIQUOR SELLERS PERMIT APPLICATION

ALL signature spaces MUST
be signed and notarized.

Business Check, Money Order or Cashiers Check ONLY

Date of Application: _____ NEW ☐ Renewal ☐ Permit No. N-_____
Requesting Permit for January 1 – December 31, _____ (year)

Name of Corporation, Owner(s) _____

DBA _____

Business Address _____ City _____ State _____ Zip _____ County _____

Business Tel. No. (____) _____ Website: _____

Mailing Address _____ City _____ State _____ Zip _____

Contact Person: _____ Contact Tel No. (____) _____ Email: _____

The above applicant hereby makes application for a non-resident liquor seller's permit, pursuant to T.C.A. § 57-3-601 et seq.

The applicant sells or distributes (or intends to sell or distribute) the following brands of alcoholic beverages (distilled spirits and wine) to Tennessee-licensed wholesalers: (Please provide additional sheets if necessary)

****During the year (January 1 – December 31), the applicant shipped, intends to ship, sold or otherwise distributed in Tennessee**

- (Circle one):**
- ♦ Less than 100 cases of alcoholic beverages - ****PERMIT FEE: \$150.00**
 - ♦ 100 cases or more of alcoholic beverages - ****PERMIT FEE: \$250.00**

Did you provide any Tennessee licensee anything of value this past year? _____ If so, please attach a list of the things of value provided and to whom.

Do you have a Representative who currently represents or will be representing you to the wholesalers in Tennessee?

☐ Yes ☐ No (If yes, the attached **Distillers Representative's Application (AB-0030) and Affidavit (AB-0029)**, (these forms must be completed and returned with this application with a check for \$50.00 made payable to: TABC.)

Are you a United States Citizen? _____ (All applicants must complete form AB-0116 – Declaration of Citizenship)

Application submitted by: Printed Name _____
Signature _____ Date _____

Subscribed and sworn to before me this _____ day of _____, 20____

My Commission Expires _____

Notary Seal